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GE HEALTHCARE c/o FLETCHER YODER, PC P.O. BOX 692289 HOUSTON, TX 77269-2289			WOODS, TERESA S	
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/723,676	<b>Applicant(s)</b> BRACKETT ET AL.	
	<b>Examiner</b> TERESA WOODS	<b>Art Unit</b> 3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

### Status

- 1) ☒ Responsive to communication(s) filed on 09 September 2009.
- 2a) ☒ This action is **FINAL**.                      2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

### Disposition of Claims

- 4) ☒ Claim(s) 1-31 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-31 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 11/26/03 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

### Attachment(s)

- |   |   |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)         | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____                                      |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)         | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____   | 6) <input type="checkbox"/> Other: _____                          |

## **DETAILED ACTION**

### ***Status of Claims***

1. This action is in reply to the application filed on 11/26/2003, and subsequent amendment filed on 09/09/2009.
2. Claims 6, 25 and 30 have been cancelled.
3. Claims 1-5, 7-24, 26-29 and 31 are currently pending.

### ***Claim Rejections - 35 USC § 101***

1. 35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

4. Claims 1, 4, 14 and 24 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter. The claims state “*machine readable medium*” implying the same use as a computer readable medium as having functioning hardware to perform the steps of the claim. Further implying that the limitations are executable by programmable computer workstations to reside.

***Claim Rejections - 35 USC § 103***

5. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

6. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

7. Claims 1, 2, 4, 5, 11, 14, 15, 19, 24, 28 and 31 are rejected under 35 U.S.C. 103(a) as being unpatentable over Killcommons (US 7,606,861 B2) in view of Menschik (2004/0034550 A1).

8. **Claim 1:**

Killcommons, as shown below, discloses the following limitations:

- *accessing patient information at a compilation workstation from one or more systems, the patient information including text, and image, and a waveform* (see at least Fig. 2A-2D, Fig. 3, Fig. 4, column 1, lines 62-64, column 7, line 57 to column 8, lines 2, column 13, lines 3-33, column 15, lines 1-18, column 15, line 61 to column 16, line 2). In the second and fourth citations, multiple servers serve as one or more systems.

- *entering the patient information into the digital file* (see at least column 2, lines 1-15, column 4, lines 23-25 & 55-65).
- *storing the digital file, including the text, the image and the waveform, onto a machine readable medium* (see at least column 4, lines 23-25 & 55-65).

Although, both Killcommons and Menschik disclose a network of workstations, Menschik further discloses it, as shown below:

- *loading the digital file at one or more remote client workstations coupled to the compilation workstation via a network* (see at least Killcommons' Abstract, Fig. 2A-2D, Fig. 3, column 4, lines 23-25 & 55-65, column 7, lines 57-64, column 15, line 61 to column 16, line 2 and Menschik's Fig. 4, ¶0068).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the network of workstations of Menschik to comprehensively maintain all medical records having digital files when healthcare workers are diagnosing patients to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**9. Claim 2:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Killcommons further discloses, as shown in the following limitations:

- *wherein the one or more formats of the patient information is at least one of text, an image, a waveform, audio, and a hypertext link* (see at least Fig. 2A-2D, column 4, lines 23-25 & 55-65, column 9, lines 22-30, 64 to column 2, lines 4).

**10. Claim 4:**

Killcommons, as shown below, discloses the following limitations:

- *accessing patient information of one or more formats from one or more systems to a compilation workstation, the patient information including text, and image, and a waveform* (see at least Fig. 2A-2D, Fig. 3, Fig. 4, column 1, lines 62-64, column 7, line 57 to column 8, lines 2, column 13, lines 3-33, column 15, lines 1-18, column 15, line 61 to column 16, line 2).
- *assembling the patient information into a digital file* (see at least column 2, lines 1-15, column 4, lines 23-25 & 55-65).
- *storing the digital file, including the text, the image, and the waveform, onto a machine readable medium* (see at least column 4, lines 23-25 & 55-65).

Although, both Killcommons and Menschik disclose a network of workstations, Menschik further discloses it, as shown below:

- *accessing the digital file at one or more client workstations coupled to the compilation workstation via a network* (see at least column 5, lines 8-27, column 15, line 61 to column 16, line 2 and Menschik's Fig. 4, ¶0068).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the network of workstations of Menschik to comprehensively maintain all medical records having digital files when healthcare workers are diagnosing patients to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**11. Claim 5:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Killcommons further discloses, as shown in the following limitations:

- *further comprising electronically transmitting the digital file to a client (see at least Fig. 1, column 4, lines 34-54, column 7, lines 6-19).*

12. **Claim 11:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Menschik further discloses, as shown in the following limitations:

- *wherein the client workstation is a personal digital assistant electronic handheld device (see at least ¶0092).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the PDA of Menschik to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

13. **Claim 14:**

Killcommons, as shown below, discloses the following limitations:

- *configuring an electronic template at a compilation workstation to receive patient information of one or more formats from one or more systems, the patient information including text, and image, and a waveform (see at least Fig. 2A-2D,*

Fig. 3, Fig. 4, column 1, lines 62-64, column 7, line 57 to column 8, lines 2, column 13, lines 3-33, column 15, lines 1-18, column 15, line 61 to column 16, line 2). In the second and fourth citations, multiple servers serve as one or more systems.

- *receiving and encapsulating the patient information in the electronic template and compiling a multi-media patient summary* (see at least Fig. 4, column 13, lines 12-60). Here, the sample radiology images serve as received and encapsulated patient information in the electronic template and compiling a multi-media patient summary.
- *storing the multi-media patient summary, including the text, the image, and the waveform, on a machine readable medium* (see at least column 4, lines 23-25 & 55-65).

Although, both Killcommons and Menschik disclose a network of workstations, Menschik further discloses it, as shown below:

- displaying the multi-media patient summary at one or more remote client workstations coupled to the compilation workstation via a network (see at least Killcommons' Fig. 3, column 4, lines 23-25 & 55-65, column 15, line 61 to column 16, line 2 and Menschik's Fig. 4, ¶0068).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the network of workstations of Menschik to comprehensively maintain all medical records having digital files when healthcare workers are diagnosing patients to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

14. **Claim 15:**



Killcommons and Menschik disclose the limitation mentioned above.

However, Menschik further discloses, as shown in the following limitations:

- *further comprising notifying a client of the status of the multi-media patient summary* (see at least Fig. 6F, Fig. 8A, ¶0085, ¶0097).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the multi-media patient status of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

#### **Claim 19:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Menschik further discloses, as shown in the following limitations:

- *further comprising viewing one or more patient information waveforms compiled in the multi-media patient summary* (see at least Fig. 6F, ¶0085).

Here, Menschik's item 196C is where an ECG waveform modality is compiled as a diagnostic image database table. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the compiled waveform summary of

Menschik to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

15. **Claim 23:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Killcommons further discloses, as shown in the following limitations:

- *wherein patient information is received from electrocardiography system as a waveform* (see at least Fig. 3, column 2, lines 1-5, column 4, lines 13-25).

16. **Claim 24:**

Killcommons, as shown below, discloses the following limitations:

- *at least one compilation workstation configured to receive patient information of one or more formats from one or more sources, the patient information including text, and image, and a waveform* (see at least Fig. 2A-2D, Fig. 3, Fig. 4, column 1, lines 62-64, column 7, line 57 to column 8, lines 2, column 13, lines 3-33, column 15, lines 1-18, column 15, line 61 to column 16, line 2). In the second and fourth citations, multiple servers serve as one or more systems.
- *the at least one compilation workstation configured to assemble the patient information into a digital file* (see at least column 2, lines 1-15, column 4, lines 23-25 & 55-65, column 19, lines 9-18).
- *the at least one compilation workstation configured to store the digital file, including the text, the image, and the waveform, on at least one machine readable medium* (see at least column 4, lines 23-25 & 55-65).

Although, both Killcommons and Menschik disclose a network of workstations, Menschik further discloses it, as shown below:

- *at least one client workstation coupled to the compilation workstation via a network and capable of accessing the digital file network (see at least Killcommons' Fig. 3, column 4, lines 23-25 & 55-65, column 15, line 61 to column 16, line 2 and Menschik's Fig. 4, ¶0068).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the network of workstations of Menschik to comprehensively maintain all medical records having digital files when healthcare workers are diagnosing patients to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

17. **Claim 28:**

Killcommons, as shown below, discloses the following limitations:

- *a routine for receiving patient information of one or more formats from one or more systems at to one or more compilation workstations, the patient information including text, and image, and a waveform (see at least Fig. 2A-2D, Fig. 3, Fig. 4, column 1, lines 62-64, column 7, line 57 to column 8, lines 2, column 13, lines 3-33, column 15, lines 1-18, column 15, line 61 to column 16, line 2).*
- *a routine for assembling and encapsulating the patient information into a digital file (k, Fig. 4, column 13, lines 12-60).*
- *a routine for storing the digital file, including the text, the image, and the waveform, onto one or more machine readable media (see at least column 4, lines 23-25 & 55-65).*

Although, both Killcommons and Menschik disclose a network of workstations, Menschik further discloses it, as shown below:

- *a routine for loading the digital file at one or more client workstations coupled to the compilation workstation via a network (see at least Killcommons' Fig. 3, column 4, lines 23-25 & 55-65, column 15, line 61 to column 16, line 2 and Menschik's Fig. 4, ¶0068).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the digital file workstation network of Menschik to comprehensively maintain all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

18. **Claim 31:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Menschik further discloses, as shown in the following limitations:

- *wherein the one or more client workstations are at least one of a general purpose computer and a personal digital assistant electronic handheld device (see at ¶0092).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons network system so as to have include the PDA of Menschik to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved

the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

19. Claims 3, 7-10, 12, 13, are rejected under 35 U.S.C. 103(a) as being unpatentable over Killcommons (US 7,606,861 B2) in view of Menschik (2004/0034550 A1) further in view of Teshima (US 6,272,470 B1).

20. **Claim 3:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein the patient information is accessed from at least one of an image handling system, an information system, and a diagnostic modality interface (see at least Fig. 1, column 4, lines 45-52).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the diagnostic modality interface of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**21. Claim 7:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein a system that supplies patient information is at least one of a picture archival communication system, a radiology department information system, a hospital information system, and a cardiovascular information system (see at least column 1, lines 50-55, column 3, lines 8-15 ).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the archival communication system of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patients to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**22. Claim 8:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein a system that supplies patient information is a magnetic resonance imaging system (see at least column 6, lines 59-65).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system

so as to have include the archival communication system of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**23. Claim 9:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein a system that supplies patient information is a computed tomography imaging system (see at least column 6, lines 59-65).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the computed tomography imaging system of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**24. Claim 10:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein the client workstation is a general purpose computer (see at least Fig. 2, column 7, lines 18-24).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the general purpose computer of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**25. Claim 12:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein the digital file is configured to be accessed by a physician at the one or more client workstations (see at least Fig. 1, 2, column 8, lines 4-6).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the physician accessed workstations of Teshima to comprehensively access all medical records having digital files when appropriate healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of



ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**26. Claim 13:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein the digital file is configured to be accessed by a patient at the one or more client workstations (see at least column 15, lines 65-67, column 16, lines 41-44).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the patient accessed workstations of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patience to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**27. Claim 16:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *further comprising accessing and replaying one or more patient information sound files compiled in the multi-media patient summary (see at least column 7, lines 18-23, column 7, lines 53-58).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the sound files replaying of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**28. Claim 17:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *further comprising selecting one or more user-selectable regions of the multi-media patient summary to display additional patient information (see at least column 2, lines 7-16).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include selecting user-selectable regions of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since

so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**29. Claim 20:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein patient information is received from a picture archival communication system (see at least Fig. 1, column 4, lines 45-58).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include selecting user-selectable regions of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patience to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**30. Claim 21:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein patient information is received from a MRI system (see at least column 6, lines 59-65).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the received MRI system of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

31. **Claim 22:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein patient information is received from a CT system (see at least column 6, lines 59-65).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the received CT system of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**32. Claim 26:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein the patient information is supplied from at least one of an image handling system, an information system, and a diagnostic modality interface (see at least Fig. 1, column 4, lines 45-52).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the image handling modalities of Teshima to comprehensively access all medical records having digital files when healthcare workers are diagnosing patients to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

**33. Claim 29:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Teshima further discloses, as shown in the following limitations:

- *wherein the patient information is provided from at least one of an image handling system, an information system, and a diagnostic modality interface (see at least column 4, lines 45-57).*

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the multiple diagnostic modalities of Teshima to

comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improve the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

34. Claim 18 is rejected under 35 U.S.C. 103(a) as being unpatentable over Killcommons (US 7,606,861 B2) in view of Menschik (2004/0034550 A1) further in view of Campbell (US 6,047,259 A).

**Claim 18:**

Killcommons and Menschik disclose the limitation mentioned above.

However, Campbell further discloses, as shown in the following limitations:

- *further comprising viewing one or more patient information images compiled in the multi-media patient summary* (see at least Fig. 14, column 20, lines 61-65).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Killcommons and Menschik network system so as to have include the viewed patient information images of Campbell to comprehensively access all medical records having digital files when healthcare workers are diagnosing patient to improve the efficiency of the system, since

so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

35. Claim 27 is rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell (US 6,047,259 A) in view of Killcommons (US 7,606,861 B2).

**Claim 27:**

Campbell, as shown below, discloses the following limitations:

- *means for accessing patient information of one or more formats from one or more systems file* (see at least Fig. 1-6).
- *means for assembling the patient information into an electronic file capable of encapsulating patient information having different formats* (see at least column 1, lines 64 to column 2, line 4).
- *means for storing the electronic file, including the text, the image and the waveform* (see at least Fig. 1).

Although, both Campbell and Killcommons disclose a network of workstations, Killcommons further discloses it, as shown below:

- *Means for accessing the electronic file via a network* (see at least Abstract, column 4, lines 34-48).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Campbell's system so as to have include the network of electronic files of Campbell to comprehensively access all medical records having digital files when healthcare workers are diagnosing patience to

improved the efficiency of the system, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

### ***Response to Arguments***

36. Applicant's remarks have been fully considered and found not persuasive; therefore, the Examiner has re-examined claims 1-5, 7-24, 26-29 and 31, in light of subsequent amendment, withdrawn the previous rejection and has entered a new rejection, applied new art and art already of record under 35 USC § 103(a). Applicant's arguments are now moot in view of the new grounds of rejection.
37. Applicant's arguments with respect to claims 1, 4, 14, 24, 27 and 28 have been fully considered but are not persuasive. Applicant's arguments will be addressed herein below in the response filed 09/09/09.
38. (1) Applicant argues on the basis that the Campbell references do not teach "*storing the digital file including the text, the image, and the waveform*". Rather, Killcommon's multimedia medical database stores text, image, overlay, 3-D volume, waveform, curve, video, sound data or any combination thereof.
39. (2) Applicant argues on the basis that the Campbell references do not teach "*client workstations coupled to the compilation workstations via a network*" and "*a remote client coupled to a compilation workstation via a network.*" Rather,



Killcommon's remote user unit, workstations or additional user units are allowed access to stored multimedia medical data via a communications network. Also, Teshima's electronic clinical recording system can be accessed to a client consultation computer via its provided network.

### ***Conclusion***

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Applicant's amendment necessitated any new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire **THREE MONTHS** from the mailing date of this action. In the event a first reply is filed within **TWO MONTHS** of the mailing date of this final action and the advisory action is not mailed until after the end of the **THREE-MONTH** shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than **SIX MONTHS** from the date of this final action.

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **Teresa Woods** whose telephone number is **571.270.5509**. The Examiner can normally be reached on Monday-Friday, 9:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **Jerry O'Connor** can be reached at **571.272.6787**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://portal.uspto.gov/external/portal/pair>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

Any response to this action should be mailed to:

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/Gerald J. O'Connor/  
Supervisory Patent Examiner  
Group Art Unit 3686